SPRING REGISTRATION-2006

Save time...on-line at, www.branford-ct.gov

If using the web for the first time, please call the office for a username and password

Directions:

Please fill out this form completely. We will be updating our database. Incomplete forms will be returned un-processed holding up your

registration. Please include proof of residence. (i.e. license or tax bill).

Please make checks payable to "Treasurer, Town of Branford" There is a \$25.00 Return check fee charge by the Town of Branford.

Put all forms in a white Business size envelope and drop it in the drop box or mail it to Branford Recreation Department, 46 Church St.

NOTE: Please Print Neatly. Please list all activities

dress:			City								
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her's Name:					Cell/				_		
ergency Contact:		H	Home:	W	ork:_	Cel	l/Beepe	r:	A1 A W		
SHIRT SIZES are needed for so Name of Participant	Age	DOB	Grade			ving: CM, CL, C ivity Name	-XL, AS	, AM, Cod		Fee	Shi
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Release of Liability: I waive all the Branford Recreation Departn contracted instructors, their emphecause of my participation of my the Town of Branford, in conhereby certifies to the Town of B	ment, its of ployees an ny child's o nsideration tranford an	ficials, repr ad agents, f or my childro of permiss ad the Recr	esentatives or any and a en's particip sion of the d eation Depa	, agents, en all injuries o ation in the istrict to par artment Staf	nployer losse above ticipat	ees, and its hired es which may be a activities that a te in the activity. the participant is	d or e suffered are offere The sign s in good	d d ier	тот	AL	\$
mental, physical and health condition and is able to participate in said activities listed above. In addition, I have read the refund policy in the program brochure and agree to its terms and conditions. Parent/Guardian-Please print your name:								ave	Joe Trapasso Scholarship		\$
Parent/Guardian Signature:Date:								GRAND TOTAL		\$	
Method of payment: Cash:		Check#	:			Please	Circle: \	/ISA	Maste	card	
Credit Card:						Exp. Date:					